Tempe

VOLUNTARY PORTABLE LIFE

Employee Name: _____

Employee SSN: _____

1) Please cancel ☐ or ☐ decrease my voluntary life insurance coverage:

Enter Amount		Enter Effective Date*	/ /

2) Please cancel ☐ or ☐ decrease Spouse's life insurance coverage:

Enter Amount		Enter Effective Date*	/ /

3) Please cancel the following dependents portable child life coverage:

Child's name	
Child's name	
Child's name	
Child's name	

*Effective date is the first day of the month following the month form is signed.

Employee Signature _____

Spouse Signature _____

Spouse SSN _____

Date _____

Return to Sylvia Charters, City of Tempe Human Resources.
Call 350-8576 with questions.

Rev. 8/00